Mike DeWine, Governor Jon Husted, Lt. Governor Steven W. Schierholt, Executive Director

Accessible Services Submission Guidance Document

Updated 12/5/2024

OAC <u>4729:5-2-05</u> requires <u>all outpatient pharmacies located in Ohio</u> to submit notification to the Ohio Board of Pharmacy of the types of language translation services, hearing services, and vision services they offer to patients using the Board's accessible services reporting webpage. Pharmacies are required to use this webpage to notify the Board of these accessible services. To submit the services offered by your pharmacy, visit: www.pharmacy.ohio.gov/ASreport

REMINDER FOR LARGE CHAINS: For companies that must report for multiple pharmacy locations, you can bulk report for all your pharmacy licenses using the webpage. **NOTE: After** your initial bulk submission to report accessible services, you will be unable to make **changes for your pharmacies using bulk editing.** Any further accessible services updates will have to be made individually for each pharmacy location.

IMPORTANT REMINDERS:

- The deadline for Ohio pharmacies to submit information is **December 6, 2024**.
- An outpatient pharmacy required to submit notification to the Board in accordance with this rule, shall notify the Board, <u>using this online form</u>, within thirty days of any change in the accessible services provided by the pharmacy.
- This information is also required to be reviewed and updated during the licensure renewal process for all Ohio pharmacies.
- Except in the instance of a temporary software or equipment failure, a pharmacy that reports it offers accessible services shall be required to provide those services to patients upon request.
- This information will be reported to a public website where patients can search for accessible services. This public website will be deployed closer to the November 21st submission deadline.

If you need additional information or assistance, please e-mail the Board at contact@pharmacy.ohio.gov



Types of Accessible Services Definitions

The types of accessible services that pharmacies can report are described in more detail below.

Hearing Services

- Video Relay Services Allows people with hearing disabilities who use American Sign Language to communicate with people over the telephone using video equipment instead of through typed text.
- **Teletypewriters** Allows people with hearing disabilities who use American Sign Language to communicate with people over the telephone using typed messages. Sometimes this service is referred to as a Telecommunications Device for the Deaf (TDD).^{II}
- **Sign Language Interpreters on Staff** Indicates that a pharmacy staff member is present and able to fluently communicate with patients with hearing disabilities using American Sign Language.
- **Speech-reading or lip-reading services** Indicates that a pharmacy staff member is present and able to fluently communicate with patients with hearing disabilities using speech- or lip-reading (the ability to understand speech by carefully watching the lip patterns and movement of the tongue and face of the person speaking).^{III}
- Visual medical aids to communicate pharmacy information Any kind of sign, pamphlet, or other visual aid that would help people with hearing disabilities understand information from the pharmacy.

Vision Services

- **Oversize font labels** Labels for pharmacy prescription bottles that come in a larger than normal size so people with low vision can better read their prescription labels.
- Contrasted color background labels Labels for pharmacy prescription bottles that
 have a strong contrast between the text and background of the label, so those who
 have low vision or are colorblind can read the labels.
- **Grade 1 braille labels** Labels for pharmacy prescription bottles that come in Grade 1 braille. Grade 1 braille is a letter-for-letter substitution of the printed alphabet, making it the preferred braille code for beginner learners. [™]
- Contracted braille labels Labels for pharmacy prescription bottles that come in contracted braille. Contracted, or Grade 2, braille is used by more experienced braille users, with similar letters, punctuation, and numbers as Grade 1 braille, but includes special signs to represent common words or groups of letters.
- **Audio labels/prescription readers** Labels for pharmacy prescription bottles that will audibly recite the prescription information to the patient who is visually impaired.

Notes:

- ⁱ https://www.fcc.gov/consumers/guides/video-relay-services
- " https://www.adapacific.org/teletypewriter-tty-and-telecommunications-device-for-the-deaf-tdd/
- https://www.ndcs.org.uk/information-and-support/language-and-communication/spoken-language/supporting-speaking-and-listening/lip-reading/
- iv https://brailleworks.com/braille-resources/what-is-braille/#Grade1Braille
- * https://www.rnib.org.uk/living-with-sight-loss/education-and-learning/braille-tactile-codes/contracted-grade-2-braille-

 $\frac{explained/\#:\sim:text=Contracted\%20(Grade\%202)\%20braille\%20is,like\%20a\%20kind\%20of\%20shorthand.}{$

How to Report Your Pharmacy's Accessible Services

1. Visit <u>www.pharmacy.ohio.gov/ASreport</u> and log in with your license number and security code.

PHARMACY OFFERED ACCESSIBLE SERVICES

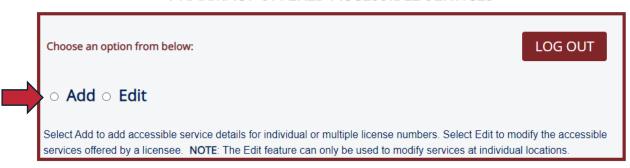
Effective August 23, 2024, OAC 4729:5-2-05 requires all outpatient pharmacies located in Ohio to submit notification to the Ohio Board of Pharmacy of the types of language translation services, hearing impairment services and vision impairment services offered to patients. Pharmacies are required to use this webpage to notify the Board of these accessible services. For more information on this requirement, visit: https://www.pharmacy.ohio.gov/accessreport. While the rule is effective August 23, 2024, the requirement to submit notification of accessible services does not take effect until November 21, 2024 (90-days from the effective date of the rule). Therefore, outpatient pharmacies in Ohio will have until November 21, 2024 to submit initial notification of accessible services to the Board. For companies that must report for multiple locations, you can submit a bulk report for your pharmacy licenses using this page. NOTE: After your initial bulk submission, you will be unable to make changes for your pharmacies using bulk editing. Any further accessible services updates will have to be made individually for each pharmacy location. IMPORTANT REMINDERS: • The deadline for Ohio pharmacies to submit information is November 21, 2024. · An outpatient pharmacy required to submit notification to the Board in accordance with this rule, shall notify the Board, using this online form, within thirty days of any change in the accessible services provided by the pharmacy. • This information is also required to be reviewed and updated during the licensure renewal process for all Ohio • Except in the instance of a temporary software or equipment failure, a pharmacy that reports it offers accessible services shall be required to provide those services to patients upon request. Instructions: Please complete the fields below to Log In. Input your license number exactly as it appears on the Verification Page. License Number: Security Code: LOG IN Look Up Your Security Code

IMPORTANT: Click here to retrieve your security code.

2. Choose to either add your pharmacy's accessible services if this is your first time using the form for your pharmacy or edit your pharmacy's accessible services if you need to make a change to your accessible service details.

CAUTION: When you are first adding your pharmacy's services, you can bulk add services for multiple pharmacies at once. However, you will be unable to make changes for your pharmacies using bulk editing once you've added services. Any further updates will have to be made <u>individually</u> for each pharmacy location.

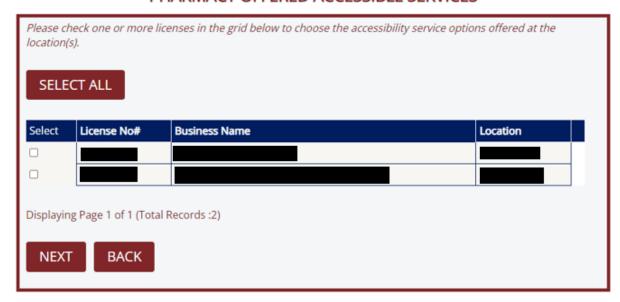
PHARMACY OFFERED ACCESSIBLE SERVICES



To Add Services for a Pharmacy:

1. Select the pharmacy or pharmacies that you would like to add services for. You can click the "Select All" button to select all your pharmacy licenses at once.

PHARMACY OFFERED ACCESSIBLE SERVICES

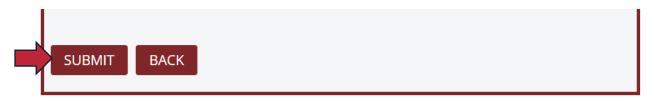


2. Use the checkboxes to select the hearing services, vision services, and non-English languages that your pharmacy offers. If your pharmacy offers other services that are not listed, check the "Other" box and add a comment explaining what kinds of services the pharmacy offers. If your pharmacy offers additional languages that are not listed on the form, you do not need to specify these languages. The Board will direct patients to call the pharmacy to confirm which additional languages they offer.

Hearing Impairment Services
□Sign language interpreter(s) on staff
Speech-reading or lip-reading services
□Teletypewriters
□Video Relay Services
□Visual medical aids to communicate pharmacy information
☑Not Applicable
Other (please specify):
<u></u>
Vision Impairment Services
□Audio labels/prescription readers
□Contracted braille labels
□Contrasted color background labels
□Grade 1 braille labels
Oversize font labels
☑Not Applicable
Other (please specify):
Non-English Languages
□Arabic
□Chinese
□Dutch
□French
□German
□Hindi
□Nepali
□Somali
□Spanish
Additional Languages (contact pharmacy for more information)
☑English Only

NOTE: If you do not offer any accessible services or language translation services, please select Not Applicable for Hearing Services and Vision Services and English Only for Non-English Languages.

3. Click the "Submit" button at the bottom of the screen to submit the accessible services offered by your pharmacy or pharmacies.



To Edit Services for a Pharmacy:

1. Click on the "Select" button to the left of the pharmacy information you wish to edit.

PHARMACY OFFERED ACCESSIBLE SERVICES



2. Use the checkboxes to select or deselect the hearing services, vision services, and non-English languages that your pharmacy offers. If your pharmacy offers other services that are not listed, check the "Other" box and add a comment explaining what kinds of services the pharmacy offers. If your pharmacy offers additional languages that are not listed on the form, you do not need to specify these languages. The Board will direct patients to call the pharmacy to confirm which additional languages they offer.

Hearing Impairment Services
□Sign language interpreter(s) on staff
□Speech-reading or lip-reading services
□Teletypewriters
□Video Relay Services
□Visual medical aids to communicate pharmacy information
☑Not Applicable
Other (please specify):
With the description of Graduates
<u>Vision Impairment Services</u>
□Audio labels/prescription readers
□Contracted braille labels
□Contrasted color background labels
□Grade 1 braille labels
Oversize font labels
☑Not Applicable
Other (please specify):
Non-English Languages
□Arabic
□ Chinese
□Dutch
□French
□German
□Hindi
□Nepali
□Somali
□Spanish
□Additional Languages (contact pharmacy for more information)
✓ English Only

NOTE: If you do not offer any accessible services or language translation services, please select Not Applicable for Hearing Services and Vision Services and English Only for Non-English Languages.

3. Click the "Submit" button at the bottom of the screen to update the accessible services offered by your pharmacy.

